

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN653HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2010
NAME OF PROVIDER OR SUPPLIER NORTHERN NEVADA MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2375 PRATER WAY SPARKS, NV 89434		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of a State Licensure focused infection control survey conducted in your facility on 3/10/10 and finalized on 3/11/10, in accordance with Nevada Administrative Code, Chapter 449, Hospitals.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	S 000		
S 112 SS=E	<p>NAC 449.322 Laundry Services</p> <p>6. A hospital shall develop and carry out: (a) Standards and systems for the storage and handling of clean linen and soiled linen This Regulation is not met as evidenced by: Based on observation, policy and procedure review and staff interview, the facility failed to store soiled linen separate from clean linen on the geriatric psychiatric unit and failed to empty two overfilled linen hampers exposing the soiled linen.</p> <p>Severity: 2 Scope: 2</p>	S 112		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 115 SS=E	<p>NAC 449.325 Infections and Communicable Diseases</p> <p>1. A hospital shall: (a) Provide a sanitary environment to avoid sources and transmission of infections and communicable diseases This Regulation is not met as evidenced by: Based on observation, policy and procedure review and staff interview, the facility failed to dispose of an unwrapped irrigation syringe, one unwrapped 500cc bag of D5W and two unwrapped bags of irrigation solution.</p> <p>Severity: 2 Scope: 2</p>	S 115			
S 128 SS=E	<p>NAC 449.327 Sterile Supplies and Medical Equipment</p> <p>2. A hospital which prepares, sterilizes and stores its supplies and equipment directly shall develop systems and standards that are consistent with: (c) When applicable, the manufacturer's guidelines for the use and maintenance of the equipment. This Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to store scopes used for colonoscopies properly by allowing the tips of three scopes to touch the sides and bottom of the drain.</p> <p>Severity: 2 Scope: 2</p>	S 128			
S 216 SS=E	<p>NAC 449.340 Pharmaceutical Services</p> <p>2. The pharmacy and area for drug storage must be administered in accordance with all applicable state and federal laws.</p>	S 216			

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S 216	Continued From page 2 This Regulation is not met as evidenced by: Based on observation, policy and procedure review and staff interview, the facility failed to discard an expired vial of Novalog Mix 70/30 insulin opened on 2/4/10 and failed to discard a vial of Lantus, Regular Insulin and Pneumococcal Vaccine opened with no date of opening or discard date. Severity: 2 Scope: 2	S 216			

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